one day this week. So we haven't heard an explanation of it yet. I want an explanation of it. Just as we attempted to do our best explaining to our colleagues and to the American public what our amendment does, I think the American people ought to have an explanation right here on this floor as to what the Chafee-Domenici amendment does. That will give us a chance, perhaps, to refute some of the misinformation that is being bandied about.

As I say, I don't ascribe to anyone any intentions to go with misinformation, but I think the public and our colleagues have a right to expect us to clear up some of the confusion. So, for now I'll not say any more along that line because, as I say, Mr. CHAFEE has indicated we'll talk some tomorrow, and he indicated that he would yield to me for some comments at that time. I hope that Mr. BAUCUS and Mr. WARNER will also have a chance to comment at that time, particularly with reference to the statement by Congress Daily of today.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. ROBERTS). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DEWINE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. BROWNBACK). Without objection, it is so ordered.

Mr. DEWINE. Mr. President, I further ask unanimous consent to speak for up to 45 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

PRIVILEGE OF THE FLOOR

Mr. DEWINE. I further, Mr. President, ask unanimous consent that Wendy Selig of the staff of Representative PORTER GOSS be granted privilege of the floor during my remarks.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DEWINE. I thank the Chair.

THE RICKY RAY HEMOPHILIA RELIEF FUND ACT

Mr. DEWINE. Mr. President, I rise today to discuss a bill I have introduced. That bill is called the Ricky Ray Hemophilia Relief Fund Act. I introduced this legislation in the last Congress and again this year. I introduced it along with my distinguished colleague from Florida, Senator BOB GRAHAM. A House companion measure has been introduced by our friend, Congressman PORTER GOSS.

Mr. President, the purpose of this bill is to deal with the terrible tragedy within the hemophilia community that was brought about by the HIV contamination of the blood supply and blood products during the 1980's. A number of Americans suffered terrible harm because they relied on the Federal Government to protect the blood supply.

Mr. President, those of us who are backing this legislation believe that the Federal Government has a moral duty to help these Americans.

Let me first talk about the role of the Government in this tragedy.

The Ricky Ray Hemophilia Relief Fund Act of 1997 recognizes that the Federal Government has a responsibility for protecting the safety of the blood supply in this country and a responsibility for regulating blood products.

Mr. President, during the 1980's, our Government failed to meet this obligation to the hemophilia community of this country. The Federal Government failed in its obligation. People affected by hemophilia—children, adults, and the family members who cared for them—had a right to expect the Nation's blood supply system to work. That system relies upon many organizations, both public and private. It relies on many organizations to collect and process, distribute, monitor, and regulate the blood supply and blood products.

Unquestionably, the Federal Government bears the greatest and the ultimate responsibility for blood safety through its surveillance, research, and regulation functions. That is why, Mr. President, in 1973 the Assistant Secretary for Health announced the national—national—blood policy which then became, according to a report by the Office of Technology Assessment, ''The focal point around which blood banking policy has evolved over the last decade.''

Mr. President, this is the U.S. Government's national blood policy—the U.S. Government's national blood policy—a policy the U.S. Government undertook, a policy on which the American people should have been able to rely. The very fact that we have a national policy indicates a level of responsibility, a level of importance and involvement that we really don't see in most other areas of consumer protection. This policy is what gives the Federal Government a unique responsibility for the blood supply in this country.

Mr. President, these functions—surveillance, regulation, and research on blood—are carried out through the Public Health Service. The Centers for Disease Control hold responsibility for surveillance of potential threats to blood safety. The National Institutes of Health are responsible for biomedical research on emerging threats and improved technologies for prevention. Mr. President, these two agencies work in conjunction with the Food and Drug Administration, the FDA, which through its regulatory authority and powers of inspection, product recall, guidelines, and fines, holds primary responsibility for the safety of the blood supply and blood products under the Food, Drug and Cosmetic Act. Together, Mr. President, these agencies form the backbone of our Nation's blood safety system.

Mr. President, the awful truth is that this system failed. It failed to protect people with hemophilia or their families from deadly disease. That is why we have introduced this bill. Members of the Senate don't have to just take my word for it nor just the word of the families in the hemophilia community. Rather, in 1993, Mr. President, the Secretary of Health and Human Services opened an investigation, an investigation into the events leading to the transmission of HIV to individuals with hemophilia.

One of the key questions that was asked and that they were asked to address at the time was this: Did the Government provide an adequate and timely response to the warning signs of the 1980's, the warning signs of HIV as it related to the blood supply in this country?

The Secretary contracted with the Institute of Medicine, IOM, a private nonprofit organization that provides health policy advice under a congressional charter granted to the National Academy of Sciences. Mr. President, after 18 months of investigation, the IOM published its report in 1995. This report was entitled ''HIV and the Blood Supply: An Analysis of Crisis Decisionmaking.'' Mr. President, the report found inadequacies in the Government's effort. It found ''a failure of leadership'' that led to the HIV infection of more than one-half of the Nation's hemophilia population. This IOM report and its panel of experts from across the country found that the transmission of the HIV virus and AIDS revealed a weakness in the Federal Government's system for ensuring the safety of the Nation's blood supply.

The Institute of Medicine was specifically not charged with laying blame, but in its final report it was highly critical of the Government agencies responsible for protecting the safety of the blood system in this country. It identified several areas where the Federal Government specifically failed to curtail the impact of HIV. Mr. President, the IOM found that the Government ''consistently adopted the least aggressive options for slowing the spread of HIV within the hemophilia community.'' Let me repeat: This report, this official report, found that the Government ''consistently adopted the least aggressive options for slowing the spread of HIV within the hemophilia community.''

Time after time when decisions were made in the face of the unfolding HIV crisis, tragically, the wrong decisions were made about the blood supply. When faced with decisions about deferring donors or recalling products or testing for other known diseases, we know now that the Government officials made the wrong decisions.

Let me talk about these decisions and about what happened. First, the Federal Government failed to take adequate steps to screen blood donors. Knowing that AIDS was transmitted through blood, the Government did not

do all it could, did not do all it could have done to screen blood donors.

In January 1983 experts at the Centers for Disease Control met with representatives from the other Government agencies to consider available data on the spread of HIV and to develop at that time strategies for prevention. Those experts in the Centers for Disease Control concluded that AIDS was transmitted by sexual contact and through blood, and they made recommendations for enhanced screening of blood donors, including the use of a surrogate hepatitis test to screen for potentially HIV-infected blood.

In other words, Mr. President, in January 1983 the Government knew that AIDS was transmitted through blood. Now, by that time 12 persons with hemophilia had already been diagnosed with HIV and some 10 deaths had already occurred.

Let's go back now to that specific meeting in January 1983 that I just referenced. At that meeting, experts from the Centers for Disease Control estimated that intensified screening of blood donors would eliminate over 75 percent of AIDS-infected donors from the blood pool, and they estimated that requiring a surrogate blood screening test would detect 90 percent of donors with AIDS. Tragically, however, Mr. President, both of these recommendations were rejected by the other Government officials at this meeting. These two very specific recommendations were rejected again later that year in December 1983, rejected by the Food and Drug Administration's Blood Products Advisory Committee. These recommendations were never implemented.

Let me talk about the second fact. Second, Mr. President, the Federal Government failed to recall potentially contaminated blood and blood products. In two separate instances, the FDA missed opportunities to get potentially dangerous products off the shelf. In the first instance, knowing that a blood product might have been made with AIDS-tainted blood, the Government failed to automatically recall that product. In January 1983, the FDA decided not to automatically recall hemophilia clotting-factor products linked to donors suspected of having AIDS supposedly because of concerns about the impact on the availability of clotting factor and its cost.

In July 1983, FDA failed to act. By the following year, 1984, 83 cases of persons with hemophilia were diagnosed with HIV, and 81 deaths had, by that point in time, occurred.

In the second instance, Mr. President, knowing that there was now a way to make the blood products safe, the Government failed to take the potentially unsafe products off the market until, incredibly, 4 years had passed.

Mr. President, by 1985, heat-treated product was available—heat-treated product, meaning that the virus was inactivated.

Back in the late 1970's, the process of heat treatment of clotting factor had been developed in Europe, providing hope that the HIV virus could be inactivated. Now, while FDA moved quickly through 1983 and 1984 to license new manufacturing processes for the heat treatment of clotting factor, by 1985, heat-treated factor had been as effective in inactivating HIV. However, Mr. President, tragically, the FDA did not act to recall the untreated products. It waited until 1989, some 4 years later.

Meanwhile, those dangerous products were left on the shelf to cycle through the system, and all that time a method of making those products safe was readily available.

Let me turn to the third essential fact. Third, Mr. President, the Federal Government failed to act quickly to trace and to notify potential recipients of AIDS-contaminated blood and blood products. Knowing that transmission of HIV-infected blood products led to HIV infection, knowing some of the blood was contaminated, and knowing people were using it, the Government failed to immediately notify the people who were at risk. Recipients became infectious immediately, but appeared healthy, of course, for approximately 4 or 5 years, during which time their spouses or sexual partners were at risk of acquiring HIV. If nothing else, Mr. President, once the signals were clear, the Government should have done more to alert people to these risks not just to their own health, but to the health of their loved ones, their spouses, and their children.

It was in 1988 that President Reagan issued a Presidential directive to formulate Federal policy for tracing the recipients of possibly infected blood products.

However, tragically, the FDA did not issue recommendations for patient notification until 1991—some 3 years later. Now, by that time, 2,040 persons with hemophilia had been diagnosed with HIV, and more than 1,500 members of the hemophilia community in this country had died of HIV. For the hemophilia community, Government action came too late—much too late.

Mr. President, these are the reasons why I believe that this country and this Congress has a moral obligation to help these families. Our Ricky Ray bill would authorize the establishment of a trust fund to provide $125,000 in compassionate payment to eligible individuals or families of persons with hemophilia and AIDS. The trust fund would be administered by the Secretary of Health and Human Services and would sunset 5 years after it is funded.

Mr. President, approximately 7,200 people with hemophilia—nearly half of all persons with hemophilia in the United States—were infected with HIV through the use of blood clotting products.

These products came from as many as 20,000 donors, sometimes even more. These concentrates expose individuals with inherited bleeding disorders to a high risk of infection by blood-borne viruses, such as hepatitis.

Because of the hemophilia community's reliance on blood products, the Centers for Disease Control monitors the hemophilia community to aid in the detection of emerging viruses or pathogens that could affect all Americans. Problems in the blood supply tend to show up in the hemophilia community first—so they serve really as a kind of ''distant early warning system'' for our blood supply. It is a crude but accurate comparison to say that this community is the proverbial ''canary in the mine shaft.'' They serve in that function for the rest of us.

During the 1980's, when the Nation's blood supply and blood-derived products became contaminated with the AIDS virus, HIV was detected in three men with hemophilia, providing early evidence that this disease could be transmitted through blood—thus affecting a far broader cross-section of our population. We now know that this was to mean the devastation of the hemophilia community.

Mr. President, more than 80 percent of people with severe hemophilia and half of all persons with hemophilia were infected with HIV during the 1980's through the use of HIV-contaminated blood products. In some cases, due to a lack of education and outreach, their wives, husbands, children, and partners became infected as well.

The impact of HIV on the Nation's hemophilia population has been truly devastating. The HIV contamination of the blood supply has caused significant emotional and financial losses to these families.

Our bill would make a gesture of compassion to these American families. It would also acknowledge that the Government played a role in this crisis and, therefore, has incurred some obligation.

Eligible individuals, or their families, would be required to document the use of blood products between July 1982 when the first cases of persons with hemophilia contracted AIDS were reported to the Centers for Disease Control and December 1987, when the last manufacturer recall of blood products occurred.

This bill, which has been referred to the Labor and Human Resources Committee, already has the bipartisan support of 35 Members of this body.

In coming to the Senate floor this evening, it is my hope that I will be able to answer some of the questions that have been raised about this bill, and to ask those of our colleagues who have not yet cosponsored this bill to consider doing so after hearing the facts that I will be laying out in a moment.

Let me talk for a minute about how I came to introduce this bill. In doing that, let me tell you a little bit about the bill's name sake—Ricky Ray. Ricky Ray and his brothers were born with hemophilia. This is a rare genetic condition, impairing the ability of

blood to clot effectively. This disorder affects, today, about 20,000 Americans.

People with hemophilia historically had a short lifespan and typically faced numerous hospital stays and complications.

Hemophilia was also frequently associated with crippling. Persons with hemophilia would suffer internal bleeding, leading eventually to the destruction of their joints and muscle tissues, because no effective treatment existed.

But this changed in the 1970's, with the development of clotting factor concentrates, which are derived from blood. It was also changed by the introduction of comprehensive care that allowed many individuals with hemophilia to begin to manage their bleeding episodes at home.

Clotting factor eliminated the need for frequent and costly hospitalization and ensured that even persons with severe hemophilia would be able to attend school, obtain full-time employment, and enjoy greatly increased life expectancy. Clotting factor changed the lives of persons with hemophilia, especially for children like the Rays, who, unlike their grandfathers and uncle, could now see a future involving a long and healthy life.

When clotting factor was introduced, it was treated as a miracle drug. People were encouraged to use it not just in case of a life-threatening bleed but also as a part of their daily lives—a preventive measure. It is just a slight exaggeration to say that people were encouraged to treat early and to treat often.

The great promise of this new treatment, however, proved short lived when, tragically, it was found to be an effective means to transmit the virus known as HIV. Ricky Ray was diagnosed as HIV positive in 1986. He was only 9 years of age. He had contracted HIV through the use of this remarkable new treatment, this clotting factor. His two brothers contracted HIV as well and so did 72 other members of the hemophilia community across this country.

Ricky Ray and his brothers were kicked out of school. They were kicked out of school because of their HIV status, and then, when their parents won a decision in court to readmit them, arsonists set their house on fire. Instead of giving in to anger, Ricky Ray became a spokesperson promoting understanding about HIV. And he did this until his death in 1992 at the age of 15.

I personally became involved with the hemophilia community when I met a father from Ohio whose son Christopher had severe hemophilia. John Williams was the primary caregiver for his son. John accompanied Christopher to his doctor's appointments and learned how to infuse his child with the medicine that would control his bleeding disorder. John also shared anguish and pain with his 8-year-old little boy when he then later was diagnosed with AIDS.

John was determined, as all parents would be, to help Christopher survive. John accompanied Christopher to the National Institutes of Health campus every few weeks for the latest in treatment options and breakthrough technologies.

Throughout this experience, the constant thought in the father's mind was that he had infused his own son with the medicine that would eventually kill him. He often thought that he had been negligent in some way. Had he perhaps missed a crucial piece of information that could have saved Christopher? Had he missed an important news story or warning? Was there anything he could have done to save his son?

For 5 years, the father, John, shared in his young son's battle. Then in October 1994, Christopher died of complications from AIDS. He had just entered the 10th grade and was contemplating college plans, a dream that, of course, was never fulfilled.

This legislation is really about people. It is about people and their strength in facing tragedy, the devastation of an entire community of people that today has come to be represented by a courageous boy from Florida by the name of Ricky Ray.

The concerns that I raise today have been raised repeatedly by the hemophilia community in this country. Unfortunately, the legal system has not been an effective means to address these concerns nor to provide the assistance to infected individuals, and there are several reasons why.

The first has to do with what's called blood shield laws. Whenever the Federal Government writes product liability laws of any kind, we in the Congress insert a standard exemption for blood and blood products. We, therefore, defer to the States to regulate in this area, and in doing so we affirm the State blood shield laws that are prevalent throughout this country.

Forty-seven different State jurisdictions have exempted blood and blood products from strict liability or implied warranty claims on the basis that blood and blood products are services, not products. Now, this classification is more than just a question of semantics. It means that plaintiffs must prove negligence rather than simply use of the blood was the proximate cause of the injury they suffered, which is the standard for other products.

In 1976, blood banks began receiving exemptions from liability even under a negligence standard with the passage of blood shield laws. In 1977, the courts began extending this exemption from liability to blood product manufacturers on similar grounds. They did all of this because the States believed the need for an available blood supply, for surgery and other medical procedures, outweighed the relatively minor risk of hepatitis. The rationale was that blood product manufacturers should be exempt from product liability, since blood products are unavoidably unsafe, because the risk of hepatitis simply could not be eliminated.

There is a much higher standard of proof for consumers of blood and blood products. The ability of individuals in this community, the hemophilia community, therefore, to seek resolution in the court system has been severely curtailed by these State blood shield laws.

If that were not enough, there are other legal problems confronting these hemophilia victims and their families. Just a couple of examples. First, collecting evidence for suits against manufacturers is extraordinarily difficult. Most individuals that became infected with HIV had a severe form of hemophilia that meant they were infusing thousands of units of clotting factor on a monthly and sometimes weekly basis. These individuals were understandably unable to determine exactly from which manufactured lot the product that infected them came.

Second, hemophilia families also face the problem of statute of limitations. All States have them, and they prohibit individuals from prevailing in litigation if the suit was not filed within a few years of the alleged tort. To the hemophilia community, many individuals were diagnosed after the prescribed period in the statute of limitations and were unable to take any action.

Just as significantly, they are also battling a disease with a long and often symptom-free incubation period. This makes statutes of limitation even less defensible and imposes a much greater burden on this community.

All this does not mean that the hemophilia community, these people who have suffered so, has not tried. They have. Hundreds of suits have been filed against the manufacturers of clotting factor. In some States the hemophilia community has even been successful in rolling back the statute of limitations.

Recently, many members of the hemophilia community gave up their right to continue to pursue the manufacturers through the courts, and they did this by agreeing to a class action settlement.

This settlement brings recognition to the HIV infection of the hemophilia community and provides some relief to the community for their suffering. But this is not to say that the community was holding out until recently for something better. Victims were unable to meet the especially high liability standards established by the blood shield laws. It appears that increasing momentum for the Ricky Ray bills in the House and Senate pushed the negotiations into a final phase.

Senators may ask about the private settlement proposal as offered by four manufacturers of clotting factor concentrates in 1996, an offer that was made in April 1996. This settlement, which has been approved by the U.S. District Court of Northern Illinois, will provide each person infected with HIV through the use of clotting factor $100,000. The settlement proposal was

drafted so the payment would be contingent upon obtaining certain protections for recipients receiving means-tested benefits such as Medicaid.

So for this reason, when we reintroduced the Ricky Ray bill this year, I included a second title in the bill to protect the eligibility for individuals receiving Medicaid and SSI upon receipt of the settlement claim.

The Balanced Budget Act of 1997 included a provision related to the private settlement protecting the eligibility of individuals receiving Medicaid benefits. Unfortunately, no similar protection for SSI eligibility was included.

I support the settlement between the hemophilia community and the manufacturers of clotting factor and see it as the first step in addressing the ongoing responsibility that the companies have to the community they serve. I do not believe that the victims—in looking for compensation—should be limited to seeking from private companies. This should not be an exclusive remedy. It should not be seen as an exclusive remedy, very bluntly, because the Government shares the blame. And private settlements are inadequate.

As to the specific figure at which we have arrived—$125,000—I think this is an eminently reasonable compensation, when you consider that the average cost of care for patients with severe hemophilia—per year—is $100,000.

Let's look at how some other governments have dealt with this problem.

COMPENSATION IN OTHER COUNTRIES

Many other developed countries have established compensation programs to assist individuals with blood-clotting disorders who were infected with HIV by contaminated blood products.

In some countries, such as Australia, France, Germany, Japan, Spain, and the United Kingdom, assistance has come from combined public and private sources. Specifically, in Japan, the government—and the same pharmaceutical companies we are dealing with here in the United States—agreed to provide, together, payments of $430,000 to victims of hemophilia-related AIDS. The government shouldered 44 percent of the burden, and the pharmaceutical companies paid the rest.

In other countries, such as Canada, Denmark, Hong Kong, Italy, Portugal, and Switzerland, assistance has been provided directly from the government.

PRECEDENTS

Some of my colleagues have raised concerns that passage of the Ricky Ray relief legislation may set a legal precedent. What kind of precedent is there? In fact, the U.S. Congress has a history of recognizing the country's responsibilities to aggrieved individuals and has provided relief for these victims.

It is my intention, in the next few minutes, to lay out the precedents in some detail. But I would like to point out, first and foremost, that blood is unique. The Federal Government and, by its permission, State governments, regulate the blood supply in a unique way.

Because the Government has a unique responsibility in the case of blood, passage of the Ricky Ray Relief Act will not set a precedent. It would, rather, represent another extraordinary circumstance in which Congress has determined that injured parties should receive compensation for injuries sustained as a result of Government action or inaction.

Individuals in the hemophilia community are prevented from recovery from the Federal Government under the Federal Tort Claims Act [FTCA], which is designed to be the exclusive means of compensation for injuries sustained as a result of the negligence of the Federal Government. Because the Federal Tort Claims Act includes an explicit exemption from claims that arise directly as a result of the ''exercise or performance or the failure to exercise or perform a discretionary function,'' victims are barred from recovery for the inaction of the FDA in its regulation of blood products. They are barred under this act.

But Congress has acted to compensate individuals when it determines that remedy under the Federal Torts Claims Act and other statutes is inadequate. Congressional passage of the Ricky Ray Act would represent another instance of Congress recognizing the appropriateness of compensating victims unable to recover under the Federal Tort Claims Act.

Let me discuss two relevant precedents. One of the first major claims made after the passage of the Federal Tort Claims Act was the claim made on behalf of the victims of the explosion of two cargo ships containing ammonium nitrate fertilizer in the harbor of Texas City, TX, in 1947. In this case, the Supreme court held, in *Dalehite* v. *United States*, 346 U.S. 15 (1953), that the Federal Government was not liable because the plaintiffs could not prove negligence. Additionally, a claim of absolute or strict liability was rejected because the Court found that the Federal Tort Claims Act did not allow recovery on that basis. Despite—and, in part, because of—the Supreme Court's explicit rejection of the claim under the Federal Tort Claims Act, 2 years later, the Congress passed legislation providing settlement of claims resulting from the explosion. This legislation established the precedent that Congress may pass legislation authorizing compensation without finding the Government at fault.

Let me turn to another example that closely reflects the hemophilia situation in the mid-1980's in this country. Congress combined relief for two different populations of victims in one statute—the Radiation Exposure Compensation Act. One group was made up of uranium miners who were seeking compensation for the adverse health effects they had experienced while working in private mines—private mines. The second group, known as ''downwinders,'' was made up of individuals who lived downwind of atomic test sites and were exposed to radiation. Neither group was able to recover from the Federal Government in court. Both failed.

The courts had previously ruled against the uranium miners in *Begay* v. *United States*, 591 F.Supp. 991 (1984), and against the downwinders in *Allen* v. *United States*, 816 F2d 1417 (1987). The courts found that the Government could not be held liable for injuries because its policies were protected by the discretionary function exception in the Federal Tort Claims Act.

In Begay, the plaintiffs had asserted that various government agencies were actionably negligent in leaving the responsibility for uranium mine safety—outside Federal enclaves like Indian reservations—to the States. They also asserted that these agencies were negligent in failing to enforce rigid radiation safety levels in the Indian reservation mines—and that all the Federal agencies involved were themselves negligent in failing to establish and enforce rigid radiation safety standards in the underground uranium mines in the 1940's, 1950's, and early 1960's.

The court in Begay suggested that the miners seek redress from the U.S. Congress. This is what the Court said:

> This tragedy of the nuclear age . . . cries for redress. Such relief should be addressed by the Congress as it was in the Texas City explosion following the decision of the Supreme Court in Dalehite.

In the Allen case, the downwinder plaintiffs had singled out the alleged failure of the Government to fully monitor offsite fallout exposure, and to fully provide the necessary public information on radioactive fallout. As in the Begay case, the court found no obligation to compensate on the basis of failing to monitor or warn. A concurring opinion in Allen noted that the court's hands were tied:

> While we have great sympathy for the individual cancer victims who have borne alone the costs of the Atomic Energy Commission's choices, their plight is a matter for Congress. Only Congress has the constitutional power to decide whether all costs of government activity will be borne by all the beneficiaries or will continue to be unfairly apportioned, as in this case.

In 1990, Congress did in fact provide relief to these two groups through the Radiation Exposure Compensation Act, Public Law 101–426. The circumstances that led to the passage of the Radiation Exposure Compensation Act are, I believe, very instructive.

In that case, the States failed to require that the private mine operators follow Federal health and safety standards. As a result, people got sick. They could not recover from the private mine operators—nor could they recover from the Federal Government. Those individuals were compensated later through congressional legislation, through action by the House and the Senate.

The facts are clear. In that case, little or nothing was done by the States to force the private mine operators to

improve ventilation in their mines. Although the Public Health Service demonstrated that adequate mine ventilation would be relatively inexpensive—and the Atomic Energy Commission had developed effective radiation level controls, which were available for all State and Federal agencies—the mine operators successfully resisted efforts to substantially reduce radiation levels by improved ventilation techniques. Through legislation, compensation was ultimately made to individual miners who worked for private mine operators that were not subject to Federal radiation safety requirements.

These precedents bring us directly to the Federal Government's responsibility for the blood supply in this country and bring us directly to this bill.

The evidence in the IOM study that I referenced previously on blood safety clearly demonstrates that, in a number of instances, FDA failed to mandate certain Federal patient safety requirements for private processors of blood products, failed to act on recommendations from the Centers for Disease Control concerning screening blood donors, failed to mandate recall of hemophilia clotting factor, and failed to implement a 1988 Presidential directive to trace recipients of possibly infected blood, failed to do that for 3 long years. Passage of the Ricky Ray Hemophilia Relief Act does not set a new precedent, but—on the contrary—is fully consistent with the earlier precedents set by Congress to provide compensation for injury when remedy could be found by no other means.

HOW TO PAY FOR RICKY RAY

As this bill is written, the Ricky Ray Act provides $125,000 for each eligible individual, and so, with an estimated 7,200 affected individuals, the total cost of the bill is estimated at $900 million.

In order to identify individuals and determine their eligibility, payments authorized by the legislation will likely occur over several years. This would result in at least two smaller annual appropriations requests.

SUPPORT FOR THIS LEGISLATION

As I stated earlier, the Ricky Ray Hemophilia Relief Fund Act has the support of 35 of our Senate colleagues and the support of 257 Members of the House of Representatives.

The legislation is also endorsed by the American Red Cross, the American Association of Blood Banks, America's Blood Centers and AIDS advocacy organizations such as the National Association of Persons with AIDS and the AIDS Policy Center.

In her letter to the National Hemophilia Foundation, American Red Cross President Elizabeth Dole stated:

> The American Red Cross supports a comprehensive approach to addressing the needs of those infected with HIV or other transmissible agents through the use of blood components or blood products. For individuals with hemophilia who were infected with HIV before 1985, the American Red Cross believes that finalization of the manufacturers' settlement offer, coupled with the government-funded compensation program outlined in the Ricky Ray legislation, will provide an effective means of immediate help.

A host of other developed countries have established compensation programs to assist individuals with blood-clotting disorders who were infected with HIV by contaminated blood products.

I believe it is now time for the United States—and for this Congress—to take action as well. I encourage my colleagues to cosponsor this legislation, to join the 35 other Members of this body who have already signed on as cosponsors. The Senate Labor Committee is scheduled to have a hearing on this bill on Thursday of this week. Chairman HYDE will be bringing the House bill before the full House Judiciary Committee tomorrow. I would invite my colleagues to examine the hearing record, and learn more about the need for this bill. I believe the case has been made and the case is clear: The Federal Government has a moral duty to help those Americans who counted on the Federal Government to protect the blood supply. No, Mr. President, this bill cannot reverse the tragedies, but it can serve to demonstrate that the Federal Government can be held accountable for its actions.

Mr. President, we often hear that bad things happen to good people. That is something that governments and Congresses will never be able to cure. But in this case, when bad things happened to good people, the U.S. Government played a part in the problem. The U.S. Government should now play a part in the solution—and do something to help these American families.

I thank the Chair.

WYCHE FOWLER'S CONFIRMATION AS UNITED STATES AMBASSADOR TO SAUDI ARABIA

Mr. HOLLINGS. Mr. President, I rise today to congratulate my good friend and former colleague Wyche Fowler on his confirmation as United States Ambassador to Saudi Arabia. This is a great and well-deserved honor for the former Senator from Georgia. Even more important, it is a blessing for America.

Because his was a recess appointment, Wyche Fowler already has served with great distinction and success for over 1 year in Saudi Arabia. President Clinton appointed him to this post just days before the June 25, 1996, terrorist bombing of the United States military residence in Dahran. Although he took the ambassadorship at one of the most tenuous moments in United States-Saudi diplomatic relations, Wyche embraced the challenge and helped cement the United States relationship with Saudi Arabia, one of our most important allies.

Wyche was sworn in as Ambassador on August 16, 1996. His appointment came at an important moment in the relationship between the United States and Saudi Arabia. Despite the difficulties that have surrounded the bombing investigation, he has served his country well and protected American interests in the region with tenacity and skill.

Of course, Mr. President, this is no surprise to those of us who have followed Wyche Fowler's career of public service or worked closely with him during his 16 years in Congress. Elected to the Senate in 1986, Wyche served on the Appropriations, Budget, Energy, and Agriculture Committees. As assistant floor leader, he helped fashion a bipartisan consensus on major public policy issues. Many of us remember Wyche Fowler as an unusually reflective Member of this body, who talked often of conserving our natural resources and energy sources. I can remember listening with humor and fascination as he used electric toothbrushes to point out the danger of decadent applications of technology.

Before becoming the first Atlantan elected to the Senate, Wyche Fowler represented Atlanta's First District in the House of Representatives. First elected in 1977, he served on the Ways and Means and Foreign Relations Committees, as well as the Select Committee on Intelligence and the Congressional Arts Caucus.

Wyche's legislative record is long and distinguished: he tried to stop oil drilling in the Arctic National Wildlife Refuge and protect national wetlands; recodified and strengthened the national historic preservation law; established joint public/private ventures in alternative energy; and ensured interest-free relief for farmers in the Farm Credit System overhaul.

The consensus-building skills Wyche learned in Congress have stood him in good stead in Riyadh. Just as valuable, Mr. President, is his affable personality. All his colleagues in the House and Senate remember Wyche Fowler as a genial and charismatic fellow, not to mention a great singer of hymns and a superb storyteller. In fact, Wyche used to entertain us with the same country songs he performed as a teenager on an Atlanta talent show. Though the Saudis may not appreciate country ballads, I am sure that they will find Wyche Fowler every bit as hard-working, engaging, and honest as the people of Georgia and his colleagues have.

And, Mr. President, Wyche is genuinely fascinated by Saudi Arabia's people and culture. He has begun to learn Arabic, and already has indulged his enthusiasm for Arabian history and archaeology by trekking on camel through the deserts of Saudi Arabia's Empty Quarter.

America is fortunate to have Wyche Fowler as its Ambassador to Saudi Arabia. His diplomatic skills will see us successfully through a delicate and vital period in our relations with that nation. In this instance, Mr. President, Georgia's loss was the Nation's gain.